

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ107878**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) CALDERON JR, GERARDO		<input type="checkbox"/> 1. INDOOR	<input checked="" type="checkbox"/> 2. OUTDOOR
STAR NO. 17623	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 3240 S CLAREMONT AVE	
DATE OF APPOINTMENT 15-JUL-2013	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 009	BEAT/CALL NO. 0911R	LOCATION CODE 277-PARKING LOT/GARAGE(NON.RES)	BEAT OF OCCURRENCE 0912
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DATE OF OCCURRENCE 07-JAN-2016	TIME 22:29:00
HEIGHT 601	WEIGHT 185	DAY OF WEEK THURSDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? _____</p> PATROL TYPE: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ 	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
TYPE OF ACTIVITY			
<ul style="list-style-type: none"> <input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ 		(Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. FIREARM CALIBER 40 S&W <input type="checkbox"/> B. VEHICLE <ul style="list-style-type: none"> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ 	
<ul style="list-style-type: none"> <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER _____ 		(Check all that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DOB 07-JUL-1995	
CB NO. 00000000	IR NO.		
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 3	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
A. DAYLIGHT	D. DUSK	A. CLEAR	D. FOG / SMOKE / HAZE
B. NIGHT	<input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT	B. RAIN	E. SLEET / HAIL
C. DAWN	<input type="checkbox"/> 1. POOR	C. SNOW	F. SEVERE CROSS WIND
APPROXIMATE OUTDOOR TEMPERATURE: 37 °F			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
CALDERON JR, GERARDO

STAR NO.
17623

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
RUIZ, BERSCOTT F

382